

METROPOLITAN GOVERNMENT
OF NASHVILLE DAVIDSON COUNTY, TENNESSEE
800 SECOND AVENUE SOUTH, NASHVILLE, TENNESSEE 37210

DEPARTMENTS OF CODES ADMINISTRATION
APPLICATION FOR PLUMBING PERMIT

APPLICATION DATE _____

BUILDING PERMIT NO. _____ M/P (IVR#) _____ SATELLITE CITY _____

STREET NO. _____ ADDRESS _____ FROM UNIT _____ THRU _____

PROPERTY DESCRIPTION _____

OWNER _____ ADDR. _____ PHONE _____

COMPANY NAME _____ CONTRACTOR NO. _____ PHONE _____

CONTRACT AMOUNT OVER \$ 25000 (YES/NO) _____

RESIDENTIAL: KITCHEN SINK _____ DISHWASHER _____ WASHING MACHINE _____ HOT WATER HEATER _____

LAVATORIES _____ WATER CLOSET _____ BATH TUBS _____ SHOWER DRAIN _____ BAR SINK _____

LAUNDRY SINK _____ BIDET _____

COMMERCIAL: DRINKING FOUNTAINS _____ INTERCEPTOR TRAP _____ URINALS _____ ROOF DRAINS _____

AREA DRAINS _____ CONDENSATION DRAIN _____ FLOOR DRAINS _____ ADDITIONAL BLDG DRAIN _____

HUB DRAINS _____ SLOP SINK _____ COMMERCIAL SINK _____ COMMERCIAL WASHER _____

COMMERCIAL DISPOSAL _____ COMMERCIAL ICE MAKER _____ WATER TANKS _____ SUMP PUMPS _____

SWIMMING POOLS _____ BAPTISTERIES _____ DENTAL UNITS _____ POOLS, FOUNTAINS, AQU _____

PLUMBING BACKFLOW : EXTERNAL DOMESTIC _____ EXTERNAL FIRE AND DOM _____ EXTERNAL FIRE _____

EXTERNAL IRRIGATION _____ INTERNAL BACKFLOW _____

PLUMBING CONNECTIONS: WATER CONNECTION _____ SEWER CONNECTION _____

SEWER CONNECTION APPROVAL NUMBER-WSST# _____

YARD WATER CONNECTION _____ YARD SEWER CONNECTION _____

REPAIR-SEWER _____ **REPAIR-SEPTIC** _____ **REPAIR WATER** _____ **REPAIR -OVERFLOW** _____ **SEPTIC-NEW** _____

OTHER _____

PLUMBING PERMIT NO. _____ DATE ISSUED _____ ISSUED BY _____

REINSPECTION PERMIT DATE _____ TOTAL FEE _____

I HEREBY CERTIFY THAT I AM THE AGENT OF THE OWNER, OR OTHER PERSON IN CONTROL OF THIS PROPERTY, AND THAT THE INFORMATION GIVEN HEREIN, AND AS SHOWN ON THE APPLICATION AND THE PERMIT, IS TRUE; AND THAT I AM AUTHORIZED BY SAID OWNER, OR OTHER PERSON IN CONTROL OF THIS PROPERTY, TO OBTAIN THIS PERMIT. I UNDERSTAND THAT IF THE CONSTRUCTION AND/OR INSTALLATION FOR WHICH THIS PERMIT IS ISSUED IS CONTRARY TO THE REQUIREMENTS OF METROPOLITAN CODES OR REGULATIONS, SAID VIOLATIONS MUST BE CORRECTED, AND THE PERMIT MAY BE VOIDED.

I FURTHER CERTIFY THAT I AM IN COMPLIANCE WITH T.C.A. 62-6-101 ET SEQ. (TENN. CONTRACTOR'S LICENSING ACT) FOR THE WORK DESCRIBED IN THIS PERMIT. FOR A DEMOLITION PERMIT, WORK MUST START WITHIN THIRTY (30) DAYS AND BE COMPLETED WITHIN NINETY (90) DAYS FROM ISSUE DATE; FOR ALL OTHER PERMITS WORK MUST START WITHIN SIX (6) MONTHS AND MUST BE COMPLETED WITHIN TWO (2) YEARS OF ISSUE DATE. PERMITS BECOME INVALID IF WORK IS SUSPENDED ONE (1) YEAR AFTER START DATE. EXTENSIONS OF NINETY (90) DAYS EACH OF TIME MAY BE ALLOWED IN WRITING BY THE DIRECTOR.

APPROVAL (WHERE REQUIRED)

DATE

SIGNATURE OF APPLICANT

DATE